

INLAND CELLULAR TELEPHONE COMPANY
Corporate Offices

103 S. 2nd St.
P.O. Box 688
Roslyn, WA 98941
Telephone: (509) 649-2500
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IDAHO PUBLIC
UTILITIES COMMISSION



June 30, 2014

Via email in .pdf format to jean.jewell@puc.idaho.gov

Idaho Public Utilities Commission
Commission Secretary
472 W. Washington
P.O. Box 83720
Boise, ID 83720-0074

GNR-T-14-01

Re: **WC Docket No. 10-90** – FCC Form 481-Carrier Annual Report and Report and Certification Pursuant to IPUC Order No. 29841

Dear Ms. Jewel:

Enclosed is a copy of the Federal Communications Commission ("FCC"), Form 481 that was electronically completed and submitted to the Universal Service Administrative Company ("USAC"). This submission is for Inland Cellular LLC (f/k/a Washington RSA No. 8 Limited Partnership)(d/b/a Inland Cellular), Study Area Code 479007 and includes all attachments that were submitted to USAC and the FCC.

Since the Company serves the Nez Perce Reservation and/or tribal members thereof, these documents have also been sent to the Tribal Chairman.

Please review the attached filing and include Inland Cellular LLC in your Annual Use Certification Letter to USAC and the FCC. If you should have any questions, please call me at (509) 649-2500 or contact me by email at jbrooks@inlandnet.com.

Sincerely,

A handwritten signature in dark ink, appearing to read "James K. Brooks".
James K. Brooks
Treasurer/Controller

Enclosures

ANNUAL SECTION 64.2009(e) CERTIFICATION
EB Docket No. 06-36

Annual § 64.2009(e) CPNI Certification for 2013

Dated: February 12, 2014

Company: Inland Cellular LLC (d/b/a Inland Cellular)

Form 499 Filer ID Number: 829984

Name of Signatory: James K. Brooks

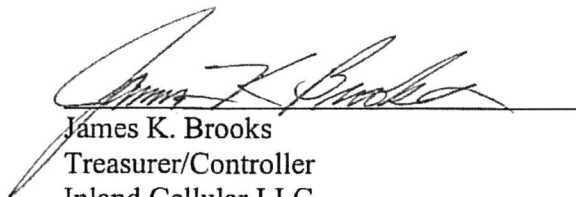
Title of Signatory: Treasurer/Controller

I, James K. Brooks, certify that I am a duly authorized officer of Inland Cellular LLC ("Inland Cellular" hereafter) and, acting as an agent of Inland Cellular, that I have personal knowledge that Inland Cellular has established operating procedures that are adequate to ensure compliance with the Customer Proprietary Network Information ("CPNI") rules of the Federal Communications Commission ("Commission"), codified at 47 C.F.R. Part 64 Subpart U, implementing Section 222 of the Communications Act of 1934, as amended.

Accompanying this certification is a statement explaining how the company's procedures ensure that the company is in compliance with the requirements set forth in sections 64.2001 *et seq.* of the Commission's rules.

Inland Cellular has not taken any actions (proceedings instituted or petitions filed by Inland Cellular at either state commissions, the court system, or at the Commission against data brokers) against data brokers in the past year. During the calendar year ended December 31, 2013, Inland Cellular did not acquire first-hand any information that it has identified as being information with respect to the processes pretexters are using to attempt to access CPNI.

Inland Cellular has not received any customer complaints in the past year concerning the unauthorized release of CPNI.


James K. Brooks
Treasurer/Controller
Inland Cellular LLC

INLAND CELLULAR LLC**IDAHO MARKET - 479007****FIVE YEAR FORECAST - NETWORK ADDITIONS**

As they are known to the Company at the date of this Report, the planned investments and forecasted expenses related to the Idaho Market (Study Area Code 479007) for the period January 1, 2014 through December 31, 2018, are listed below. Although there are plans to upgrade the data to the next generation, those upgrades are not listed at this time since CETC's whose support is being phased-down are not required to submit a new five-year build-out plan. The Company has listed what is known for the provisioning of voice services. The Company expects to use all Universal Service Fund support received in order to fund the expenses related to the provisioning, maintenance and services provided over these upgraded facilities as well as existing facilities and to service the debt created in order to make these improvements; improving service quality, coverage and capacity. The Company (SAC 479007) received zero (\$0) in federal high-cost support for the calendar year ended December 31, 2013. The Company expects that any future Universal Service Fund support will aid the Company's efforts to continue to upgrade its network and to provide the supported services to all customers and potential customers.

<u>SITE</u>	<u>DISCRIPTION</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Culdesac	Bldg, Ant, Radio	83,648					
Uniontown	Switch Additions (ap)	23,427					
Kooskia	EVDO addition	11,299					
Bentz	EVDO addition	35,490					
Lewiston-6th	EVDO addition	35,490					
McGregor	EVDO addition	35,490					
LCSC	EVDO addition	36,965					
Moscow WT	EVDO addition	32,114					
Uniontown	Switch Additions (ap)	1,306,405					
Mason	Bldg & Ant Addition	22,915					
West Twin	EVDO addition	12,872					
McGregor	Ant & EVDO addition	8,780					
Lewiston-6th	Ant, Radio & EVDO	63,605					
Bentz	Ant, Radio & EVDO	80,367					
Greer	Ant & Radio	59,286					
Orchards	Radio	48,476					
LCSC	Microwave addition	10,742					
Lewiston-5th	Microwave addition	10,759					
Orofino	Ant & Radio	21,751					
Winchester	New Site		150,000				
Deary	New Site		150,000				
	TOTAL	1,939,881	300,000	0	0	0	0
FORECASTED OPERATING EXPENSES							
Direct Telecommunications Expense		1,598,206	1,591,152	1,630,931	1,679,063	1,689,526	1,693,750
Plant Operations and Maintenance Expense		952,544	1,000,171	1,332,174	1,345,496	1,358,951	1,372,540
Depreciation Expense		847,646	847,646	847,646	847,646	847,646	847,646
Subtotal Operating Expenses		3,398,396	3,438,969	3,810,751	3,872,206	3,896,123	3,913,937
Direct Telecom - Toll Expense		847,576	875,645	904,643	934,602	965,553	997,529
Roaming Expense		2,406,244	2,535,667	2,204,490	2,424,098	2,682,566	2,986,047
Universal Service Fund Expense		455,239	476,718	489,003	503,434	506,571	507,838
Mobile Media Expense		39,909	41,904	43,999	46,199	48,509	50,934
Engineering		877	877	877	877	877	877
Sales and Advertising Expense		2,087,861	2,085,090	2,083,707	2,082,324	2,080,942	2,079,561
Customer Service Expense		919,258	868,813	844,975	821,791	799,244	777,314
Billing Expense		763,088	752,127	741,323	730,674	720,179	709,834
Accounting Expense		116,715	115,980	115,251	114,525	113,805	113,089
General & Administrative Expense		460,894	484,820	509,988	536,463	564,312	593,608
Commercial Building Expenses		341,788	352,042	362,603	373,481	384,686	396,226
Cost of Equipment Sold		5,106,508	5,435,691	5,786,095	6,065,839	6,285,791	6,456,736
Tax Expense (Other than Income)		65,214	65,582	65,952	66,324	66,698	67,075
TOTAL PROJECTED OPERATING EXPENSES		17,009,566	17,529,927	17,963,657	18,572,838	19,115,857	19,650,605

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	479007
<015> Study Area Name	WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	James K. Brooks
<035> Contact Telephone Number: Number of the person identified in data line <030>	5096492500 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	jbrooks@inlandnet.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">140630 479007 COMPLIANCE AFFIDAVIT.pdf, 140212 IC 829984 CPNI CERTIFICATION.pdf, 140212 INLAND CELLULAR CPNI OP PROCEDURES.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">140630 479007 EMERGENCIES CERTIFICATION.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">140630 Inland Cellular Local Usage Plan.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	479007
<015>	Study Area Name	WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

140624 479007 FIVE-YEAR FORECAST.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input checked="" type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input checked="" type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input checked="" type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input checked="" type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

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July 2013

<010>	Study Area Code	479007
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

[illegible]

<010> Study Area Code

479007

<015>	Study Area Name
-------	-----------------

WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR

<020>	Program Year
-------	--------------

2015

<030>	Contact Name - Person USAC should contact regarding this data

James K. Brooks

<035> Contact Telephone Number - Number of person identified in data line <030>

5096492500 ext.

<039> Contact Email Address - Email Address of person identified in data line <030>

jbrooks@inlandnet.com

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code

479007

<015> Study Area Name

WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR

<020> Program Year

2015

<030> Contact Name - Person USAC should contact regarding this data

James K. Brooks

<035> Contact Telephone Number - Number of person identified in data line <030>

5096492500 ext.

<039> Contact Email Address - Email Address of person identified in data line <030>

jbrooks@inlandnet.com

<910> Tribal Land(s) on which ETC Serves

Inland Cellular has always and will continue to work with the Nez Perce Tribe; allowing emergency management to locate towers supporting the NPT BIP/BTOP applications, co-locating on each others towers providing traffic back-haul, identifying future sites and developing a Memorandum of Understanding in support of each others efforts in developing each network. For direct marketing, inland Cellular works with the NPT Technology Services.

<920> Tribal Government Engagement Obligation

121219 NPT IC MOU.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	479007
<015>	Study Area Name	WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	479007
<015>	Study Area Name	WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

140630 LIFELINE CUSTOMER CERTIFICATION.pdf
--

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220>	Link to Public Website	HTTP	inlandcellular.com
--------	------------------------	------	--------------------

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

☒

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

☒

<1222> Details on the number of minutes provided as part of the plan,

☒

<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	479007
<015>	Study Area Name	WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐

- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions ☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	479007
<015>	Study Area Name	WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrosks@inlandnet.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(3018) If the response is no on line 3014, Is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	479007
<015>	Study Area Name	WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR	
Signature of Authorized Officer: CERTIFIED ONLINE	Date
Printed name of Authorized Officer: James Brooks	
Title or position of Authorized Officer: Treasurer/Controller	
Telephone number of Authorized Officer: 5096492500 ext.	
Study Area Code of Reporting Carrier: 479007	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	479007
<015> Study Area Name	WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035> Contact Telephone Number - Number of person identified in data line <030>	5096492500 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

jbrooks@inlandnet.com

<703>

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	479007
<015>	Study Area Name	WASHINGTON RSA NO. 8 LIMITED PARTNERSHIP DBA INLAND CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com
<810>	Reporting Carrier	Inland Cellular LLC (fka Washington RSA No. 8 Limited Partnership)
<811>	Holding Company	Inland Cellular Telephone Company
<812>	Operating Company	Inland Cellular LLC

[illegible]

**STATEMENT REGARDING OPERATING PROCEDURES
IMPLEMENTING 47 C.F.R. PART 64 SUBPART U
GOVERNING USE OF
CUSTOMER PROPRIETARY NETWORK INFORMATION (CPNI)
MARCH 1, 2014**

The following statement explains how the operating procedures of Inland Cellular LLC, Washington RSA No. 8 Limited Partnership and Eastern Sub-RSA Limited Partnership (collectively "Inland Cellular" or "Company") ensure that it is in compliance with the Commission's CPNI rules, as codified at 47 C.F.R. Part 64 Subpart U (§§ 64.2001-64.2011) and is relevant to calendar year 2013. Except as otherwise indicated, the following applies with respect to the Commission's rules in effect both before and after the December 8, 2007 effective date of the Commission's April 2, 2007 Report and Order in CC Docket No. 96-115. *See* FCC 07-22 (rel. Apr. 2, 2007); Public Notice, DA 07-4915 (rel. Dec. 6, 2007). This statement covers calendar year 2013.

I. Use of customer proprietary network information without customer approval.

A. Inland Cellular may use, disclose, or permit access to CPNI for the purpose of providing or marketing service offerings among the categories of service to which the customer already subscribes from Inland Cellular, without customer approval.

Inland Cellular presently offers CMRS to its customers.

B. Inland Cellular may not use, disclose, or permit access to CPNI to market to a customer, service offerings that are within a category of service to which the subscriber does not already subscribe from Inland Cellular, unless Inland Cellular has customer approval to do so, except as described in Section I.C.

(1) Inland Cellular may use, disclose or permit access to CPNI derived from their provision of wireless service, without customer approval, for the provision of CPE and information services.

(2) Inland Cellular may not use, disclose or permit access to CPNI to identify or track customers that call competing service providers.

C. Inland Cellular may use, disclose, or permit access to CPNI, without customer approval, as follows:

(1) Inland Cellular may use, disclose, or permit access to CPNI, in its provision of installation, maintenance, and repair services.

(2) Inland Cellular may use, disclose, or permit access to CPNI for the purpose of conducting research on the health effects of commercial mobile radio services ("CMRS").

(3) Inland Cellular may use CPNI to market services formerly known as adjunct-to-basic services, such as, but not limited to, speed dialing, computer-provided directory assistance, call monitoring, call tracing, call blocking, call return, repeat dialing, call tracking, call waiting, caller I.D., call forwarding, and certain Centrex features.

D. Inland Cellular may use, disclose, or permit access to CPNI to protect Inland Cellular's rights or property; to protect its users and other carriers from fraudulent, abusive, or unlawful use of, or subscription to, Inland Cellular's services; and to render, provision, bill or collect for services.

Inland Cellular's operating procedures comply with these requirements and include, but are not limited to, the provisions described below. The Company does not engage in any outbound telemarketing. Outbound print marketing, if any, that may be distributed by the Company by mail is addressed to all subscribers or customers within the applicable geographic area, zip code(s) and/or telephone number prefix(es), without regard to the specific services that the subscriber or customer receives, or does not receive, from the Company and/or the Company's affiliates. Under Company policy, none of the Company's affiliates is permitted to use any CPNI of the Company for any outbound telemarketing or outbound print marketing.

Moreover, the Company does not use any CPNI for any inbound marketing of services that are not within a category of service (i.e., local, interexchange, and CMRS) to which the customer already subscribes from the Company and/or one or more of the Company's affiliates. The Company does not sell, or provide access to any third party to, any of the Company's CPNI for purposes of marketing the services of the Company or of any of its affiliates, other than as permitted without prior customer approval with respect to the Company's affiliates. Except for CPNI made available to other telecommunications carriers pursuant to tariffed or detariffed billing and collection arrangements and billing and collection services provided pursuant thereto, and pursuant to reciprocal roaming agreements, the Company does not provide CPNI to any third-party for any purpose.

The Company, its employees and agents may make such other uses and disclosures of, and permit access to, CPNI without customer approval as are permitted by applicable statute, rule, regulation or order. Such uses, disclosures or access may include those authorized by Section 222(c) and (d) of the Communications Act of 1934, as amended, by Section 64.2005 of the Commission's rules and by orders of the Commission.

Except as set forth above, the Company does not provide any CPNI to any governmental entity, or to any other third party, other than: pursuant to subpoena or other lawful process or with the subscriber's prior written consent, or in accordance with the authentication and other requirement described below and in the FCC's rules, as a result of a person representing himself or herself to be the subscriber (or the subscriber's duly authorized agent) and having confirmed his or her identity or authority by providing to the Company appropriate identifying information (such as Social Security Number, driver's license number, mother's maiden name, user name or password, as appropriate) or documentation, or otherwise being recognized by the Company as being the subscriber or the subscriber's duly authorized agent.

II. Approval required for use of customer proprietary network information.

A. Inland Cellular may obtain customer approval through written, oral or electronic methods.

(1) Inland Cellular does not seek or obtain oral approval, and therefore does not bear the burden of demonstrating that such approval has been given in compliance with the FCC's rules.

(2) A customer's approval or disapproval obtained by Inland Cellular to use, disclose, or permit access to the customer's CPNI, the use of CPNI outside of the customer's total service relationship with Inland Cellular must remain in effect until the customer revokes or limits such approval or disapproval.

(3) Inland Cellular must maintain records of notification and approval, whether oral, written or electronic, for at least one year.

B. Use of Opt-Out and Opt-In Approval Processes.

(1) Except where use, disclosure, or access to CPNI is otherwise permitted without prior customer approval (as described above), Inland Cellular only uses, discloses or permits access to CPNI upon opt-out or opt-in approval, consistent with Section 64.2007 of the Commission's rules and, by December 8, 2007, with the Commission's amended rules.

(2) Except for use and disclosure of CPNI that is permitted without customer approval under Section I, or that is described Section II.B, or as otherwise provided in section 222 of the Communications Act of 1934, as amended, Inland Cellular may only use, disclose, or permit access to its customer's individually identifiable CPNI subject to opt-in approval.

The Company currently does not use CPNI in a manner that requires prior customer approval. Should this Company policy change, however, the foregoing policies will be applicable and policies will be implemented to ensure that the FCC's rules are complied with.

III. Notice required for use of customer proprietary network information.

A. Notification, Generally.

(1) Prior to any solicitation for customer approval, Inland Cellular must provide notification to the customer of the customer's right to restrict use of, disclosure of, and access to that customer's CPNI.

(2) Inland Cellular must maintain records of notification, whether oral, written or electronic, for at least one year.

B. Individual notice to customers must be provided when soliciting approval to use, disclose, or permit access to customers' CPNI.

C. Content of Notice.

Customer notification must provide sufficient information to enable the customer to make an informed decision as to whether to permit Inland Cellular to use, disclose, or permit access to, the customer's CPNI.

(1) The notification must state that the customer has a right, and Inland Cellular has a duty, under federal law, to protect the confidentiality of CPNI.

(2) The notification must specify the types of information that constitute CPNI and the specific entities that will receive the CPNI, describe the purposes for which CPNI will be used, and inform the customer of his or her right to disapprove those uses, and deny or withdraw access to CPNI at any time.

(3) The notification must advise the customer of the precise steps the customer must take in order to grant or deny access to CPNI, and must clearly state that a denial of approval will not affect the provision of any services to which the customer subscribes. However, Inland Cellular may provide a brief statement, in clear and neutral language, describing consequences directly resulting from the lack of access to CPNI.

(4) The notification must be comprehensible and must not be misleading.

(5) If written notification is provided, the notice must be clearly legible, use sufficiently large type, and be placed in an area so as to be readily apparent to a customer.

(6) If any portion of a notification is translated into another language, then all portions of the notification must be translated into that language.

(7) Inland Cellular may state in the notification that the customer's approval to use CPNI may enhance Inland Cellular's ability to offer products and services tailored to the customer's needs. Inland Cellular also may state in the notification that it may be compelled to disclose CPNI to any person upon affirmative written request by the customer.

(8) Inland Cellular may not include in the notification any statement attempting to encourage a customer to freeze third-party access to CPNI.

(9) The notification must state that any approval or denial of approval for the use of CPNI outside of the service to which the customer already subscribes from Inland Cellular is valid until the customer affirmatively revokes or limits such approval or denial.

(10) Inland Cellular's solicitation for approval must be proximate to the notification of a customer's CPNI rights.

D. Notice Requirements Specific to Opt-Out.

Inland Cellular must provide notification to obtain opt-out approval through electronic or written methods, but not by oral communication (except as provided in paragraph F of this section). The contents of any such notification must comply with the requirements of paragraph C of this section.

(1) Inland Cellular must wait a 30-day minimum period of time after giving customers notice and an opportunity to opt-out before assuming customer approval to use, disclose, or permit access to CPNI. Inland Cellular may, in its discretion, provide for a longer period. Inland Cellular must notify customers as to the applicable waiting period for a response before approval is assumed.

(i) In the case of an electronic form of notification, the waiting period shall begin to run from the date on which the notification was sent; and

(ii) In the case of notification by mail, the waiting period shall begin to run on the third day following the date that the notification was mailed.

(2) Insofar as Inland Cellular is using the opt-out mechanism, it must provide a Notice to its customers every two years.

(3) If Inland Cellular uses e-mail to provide opt-out notices, it must comply with the following requirements in addition to the requirements generally applicable to notification:

(i) Inland Cellular must obtain express, verifiable, prior approval from consumers to send notices via e-mail regarding its service in general, or CPNI in particular;

(ii) Inland Cellular must allow customers to reply directly to e-mails containing CPNI notices in order to opt-out;

(iii) Opt-out e-mail notices that are returned to Inland Cellular as undeliverable must be sent to the customer in another form before Inland Cellular may consider the customer to have received notice;

(iv) Inland Cellular must ensure that the subject line of the message clearly and accurately identifies the subject matter of the e-mail; and

(v) Inland Cellular must make available to every customer a method to opt-out that is of no additional cost to the customer and that is available 24 hours a day, seven days a week. Inland Cellular may satisfy this requirement through a combination of methods, so long as all customers have the ability to opt-out at no cost and are able to effectuate that choice whenever they choose.

E. Notice Requirements Specific to Opt-In.

Inland Cellular may provide notification to obtain opt-in approval through oral, written, or electronic methods. The contents of any such notification must comply with the requirements of paragraph C of this section.

F. Notice Requirements Specific to One-Time Use of CPNI.

(1) Inland Cellular may use oral notice to obtain limited, one-time use of CPNI for inbound and outbound customer telephone contacts for the duration of the call, regardless of whether Inland Cellular uses opt-out or opt-in approval based on the nature of the contact.

(2) The contents of any such notification must comply with the requirements of paragraph C of this section, except that Inland Cellular may omit any of the following notice provisions if not relevant to the limited use for which Inland Cellular seeks CPNI:

(i) Inland Cellular need not advise customers that if they have opted-out previously, no action is needed to maintain the opt-out election;

(ii) Inland Cellular need not advise customers that they may share CPNI with their affiliates or third parties and need not name those entities, if the limited CPNI usage will not result in use by, or disclosure to, an affiliate or third party;

(iii) Inland Cellular need not disclose the means by which a customer can deny or withdraw future access to CPNI, so long as Inland Cellular explains to customers that the scope of the approval Inland Cellular seeks is limited to one-time use; and

(iv) Inland Cellular may omit disclosure of the precise steps a customer must take in order to grant or deny access to CPNI, as long as Inland Cellular clearly communicates that the customer can deny access to his CPNI for the call.

The Company currently does not use CPNI in a manner that requires prior customer approval. Should this Company policy change, however, the foregoing policies will be applicable and Inland Cellular will implement policies to ensure that the FCC's rules are complied with.

IV. Safeguards required for use and disclosure of customer proprietary network information.

A. Inland Cellular must implement a system by which the status of a customer's CPNI approval can be clearly established prior to the use of CPNI.

B. Effective December 8, 2007, Inland Cellular may release call detail information during a customer initiated telephone contact only if reasonable authentication procedures are

complied with and (1) the customer provides Inland Cellular with a pre-established password, (2) Inland Cellular, at the customer's request, sends the call detail information to the customer's address of record provided the address of record has been associated with the account for at least thirty (30) days, or (3) when Inland Cellular calls the telephone number of record to disclose the call detail information. Inland Cellular is permitted to create a back-up customer authentication method for lost or forgotten passwords. Inland Cellular is also prohibited from releasing call detail information during a retail visit without the appropriate password or valid photo identification.

However, if the during a customer-initiated telephone contact, the customer is able to provide without assistance from Inland Cellular personnel all of the call detail information necessary to address a customer service issue (i.e., the telephone number called, when it was called, and if applicable the amount charged for the call), then Inland Cellular personnel are permitted to proceed with its routine customer care procedures with respect to such call detail information.

C. Not later than June 8, 2008, Inland Cellular must authenticate a customer without readily available biographical or account information prior to allowing the customer on-line access to CPNI related telecommunication service account. Once authenticated, the customer may only obtain on-line access to CPNI related telecommunications service account through a password.

D. Effective December 8, 2007, Inland Cellular is required to notify customers immediately when a password or back-up means of authentication for lost or forgotten passwords, on-line account, or address of record is created or changed. Such notification is not required when the customer initiates service, including the selection of a password.

E. Business customers are exempt from the password requirements which became effective December 8, 2007, if: the customer is contractually bound to Inland Cellular, is serviced by a dedicated Inland Cellular account representative as the primary contact, and within the contract Inland Cellular is responsible to address its CPNI obligations. If, at any point, the business customer must go through a call center to reach a customer service representative, then the exemption does not apply.

F. Inland Cellular trains its personnel as to when they are and are not authorized to use CPNI, and Inland Cellular must has an express disciplinary process in place.

G. Inland Cellular must maintain a record, electronically or in some other manner, of its own and its affiliates' sales and marketing campaigns that use its customers' CPNI. Inland Cellular shall maintain a record of all instances where CPNI was disclosed or provided to third parties, or where third parties were allowed access to CPNI. The record must include a description of each campaign, the specific CPNI that was used in the campaign, and what products and services were offered as a part of the campaign. Inland Cellular shall retain the record for a minimum of one year.

H. Inland Cellular must establish a supervisory review process regarding its compliance with the FCC's CPNI rules for outbound marketing situations and maintain records of its

compliance for a minimum period of one year. Specifically, sales personnel must obtain supervisory approval of any proposed outbound marketing request for customer approval.

I. Effective December 8, 2007, Inland Cellular must take reasonable measures to discover and protect against attempts to gain unauthorized access to CPNI, which may include encryption of its databases. Inland Cellular must properly authenticate a customer prior to disclosing CPNI based on a customer-initiated telephone contact, on-line account access, or an in-store visit. Inland Cellular must take measures to protect CPNI stored in its internal databases from potential unauthorized access, and evaluate and increase its security measures should it discover an increase in attempts to gain access to unauthorized information.

J. Inland Cellular must provide written notice within five business days to the FCC of any instance where the opt-out mechanisms do not work properly, to such a degree that consumers' inability to opt-out is more than an anomaly.

(1) The notice shall be in the form of a letter, and shall include Inland Cellular's name, a description of the opt-out mechanism(s) used, the problem(s) experienced, the remedy proposed and when it will be/was implemented, whether the relevant state commission(s) has been notified and whether it has taken any action, a copy of the notice provided to customers, and contact information.

(2) Such notice must be submitted even if Inland Cellular offers other methods by which consumers may opt-out.

K. Effective December 8, 2007, Inland Cellular has a general duty to first inform federal law enforcement agencies, followed up by notification to affected customers, after reasonable determination of a breach of its customers' CPNI.

(1) Inland Cellular must file an electronic notification to the United States Secret Service (USSS) and the Federal Bureau of Investigation (FBI) within seven (7) business days through the central reporting facility furnished by the Commission.

(2) Inland Cellular is prohibited from notifying customers or the general public of the breach until seven (7) business days have passed after notification to the USSS and FBI unless under certain specified circumstances: (a) Inland Cellular identifies an "extraordinary need to notify customers" before that period or (b) An ongoing or potential investigation or national security requires customer disclosure to be potentially delayed for up to thirty (30) days. Inland Cellular must notify the affected customer(s) after the applicable period.

(3) Inland Cellular must maintain a record, whether electronically or in some other manner of any breaches discovered, notifications made to the USSS or FBI and notifications made to customers. The record must include, if available, dates of discovery and notification, a detailed description of the CPNI that was the subject of the breach, and the circumstances of the breach. Records must be maintained for a two (2) year period.

Inland Cellular's operating procedures comply with all of the above requirements, including those that became effective December 8, 2007. With respect to online authentication

in particular, Inland Cellular has implemented measures to ensure compliance by the applicable June 8, 2008 deadline. Company personnel are trained as to when they are and are not authorized to use CPNI.

V. Supplemental Information

Effective December 8, 2007, the FCC's rules require that the annual certification filed pursuant to 47 C.F.R. § 64.2009(e) disclose any actions taken against data brokers and a summary of all consumer complaints received in the previous calendar year regarding the unauthorized release of CPNI. Inland Cellular is not aware of any consumer complaints regarding the unauthorized release of CPNI and has not taken action against any data brokers.

MEMORANDUM OF UNDERSTANDING
WASHINGTON RSA # 8 LIMITED PARTNERSHIP *d/b/a* INLAND CELLULAR
and NEZ PERCE TRIBE

This Memorandum of Understanding (hereinafter "Agreement") is between the Nez Perce Tribe ("Tribe") and Inland Cellular Telephone Company as general partner of and on behalf of Washington RSA #8 Limited Partnership, *d/b/a* Inland Cellular ("Inland Cellular"), a mobile communications provider. This Agreement is intended to outline a mutual understanding that will mutually benefit both the Tribe and Inland Cellular through establishing a process for cooperation between Inland Cellular and the Tribe to enhance the wireless communications across the Nez Perce Tribe's Reservation that is within the licensed service area of Inland Cellular.

RECITALS

WHEREAS, Inland Cellular owns, operates and maintains a Federal Communications Commission licensed mobile communications network; and

WHEREAS, the Tribe owns, operates and maintains a not-for-profit fixed wireless communications network; and

WHEREAS, the Tribe has need to expand its fixed wireless communications coverage within the boundaries of the Nez Perce Reservation and desires expansion of mobile communications within the boundaries of the Nez Perce Reservation; and

WHEREAS, Inland Cellular and the Tribe hereby mutually agree that it is desirable to collaborate in better utilizing the resources of all parties while providing additional communications capacity within the Nez Perce Reservation; therefore,

IN CONSIDERATION of the mutual promises contained herein, the parties hereto do mutually understand as follows:

The Tribe:

The Tribe will pursue funding to continue to build-out its fixed wireless equipment ("infrastructure") which includes tower locations ("Sites") to unserved and underserved areas across the Nez Perce Reservation.

The Tribe shall maintain its existing and any newly constructed fixed wireless infrastructure.

The Tribe may resell Inland Cellular's mobile communications services and establish a retail outlet within the Nez Perce Reservation. The term "resell" in this context may mean either becoming an agent of Inland Cellular or becoming a non-facilities based reseller of mobile communications service. Either "resell" option will have a contract governing the respective details.

Inland Cellular

Inland Cellular will pursue funding to continue to build-out its mobile communications equipment ("infrastructure") which includes tower locations ("Sites") to unserved and underserved areas across the Nez Perce Reservation that are within the licensed service area of Inland Cellular.

Inland Cellular shall maintain its existing and any newly constructed mobile communications infrastructure.

The Tribe and Inland Cellular (singularly, Party; collectively, Parties):

In the pursuit of funding to continue the build-out of fixed wireless and mobile communications infrastructures across the Nez Perce Reservation, the Parties agree to mutually support each other's endeavors with third party financing. Such support shall be in the form of written encouragement to third parties and shall not bind or encumber the other Party monetarily; there shall be no monetary support involving third party financing which includes but is not limited to letters of credit, loaning, co-signing or mortgaging.

When funding is established by either Party, the Parties mutually agree to work together in determining mutually beneficial Sites for placement of fixed wireless and mobile infrastructures. If a Site is established by either Party that has not been agreed to being beneficial to the other Party, the other Party shall not be bound to co-locate infrastructure at that Site. Acknowledgement that a Site is mutually beneficial or not, must be in writing.

Ownership of any land that is purchased for a Site shall always be considered to be owned by the purchaser of record. The Parties shall each bear the cost (capital investment, installation, maintenance, etc.) of their respective infrastructure. Co-location of infrastructure benefits both Parties. Mutually agreed upon co-location rates will be applied to new Sites.

TERM

This Agreement term shall be five years. The Agreement will be reevaluated prior to additional five year increments unless either party gives notice of its intent to terminate the Agreement. The renewal evaluation shall consider all terms and conditions of the Agreement. The Agreement may only be modified by written agreement with updated signatures by both parties.

TERMINATION

This Agreement may be terminated only upon 90 days written notice by either party to the other, and then only because of a breach of the Agreement or because the recited purpose of the contract becomes inapplicable.

PARTIES

Both parties shall carry out their responsibilities under this Agreement as independent agencies and neither, by virtue of this Agreement, shall be regarded as an agent of the other.

NOTICES

Any notices under this Agreement shall be in writing and delivered in person or by public or private courier service (including the U.S. Postal Service Express Mail) or certified mail with return receipt requested or by facsimile or by email. All notices shall be addressed to the parties at the following addresses or at such other addresses as the parties may from time to time direct in writing.

For the Tribe:

Nez Perce Tribe Technology Services
120 Bever Grade
P.O. Box 365
Lapwai, ID 83540
Attn: Danae Wilson
Email: danaew@nezperce.org
Phone: 208-843-7307
Fax: 208-843-7309

For Inland Cellular:

Inland Cellular Telephone Company
103 South 2nd Street
P.O. Box 688
Roslyn, WA 98941
Attn: James K. Brooks
Email: jbrooks@inlandnet.com
Phone: 509-649-2500
Fax: 509-649-3300

SEVERABILITY

The terms of this Agreement are severable such that if any term or provision is declared by a court of competent jurisdiction to be illegal, void, or unenforceable, the remainder of the provisions shall continue to be valid and enforceable.

IN WITNESS WHEREOF, the parties agree to the provisions set forth herein as evidenced by the signatures of their authorized representatives below:

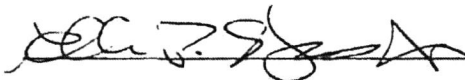
NEZ PERCE TRIBE:



Silas Whitman, Chairman

12-17-12

Date

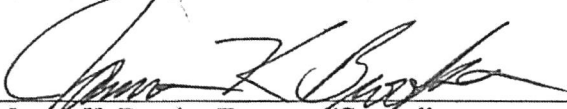


Allen Slickpoo, Jr., Secretary

12-17-12

Date

INLAND CELLULAR TELEPHONE COMPANY:



James K. Brooks, Treasurer/Controller

12/19/2012

Date

State of WASHINGTON)
) ss CERTIFICATION BY ELIGIBLE TELECOMMUNICATIONS CARRIER
County of KITTITAS) OF COMPLIANCE WITH SERVICE QUALITY AND CUSTOMER
 PROTECTION, ABILITY TO REMAIN FUNCTIONAL IN
 EMERGENCIES, AND USE OF FEDERAL HIGH-COST SUPPORT.

AFFIDAVIT OF BUSINESS OR CORPORATE OFFICER

The Idaho Public Utilities Commission Order No. 29841 requires that Eligible Telecommunications Carriers certify that it is compliant with applicable service quality standards and consumer protection rules; and ETCs must demonstrate the ability to remain functional in emergencies. In addition, the Commission must file an annual certification with the USAC and the FCC that all federal high-cost support provided to ETCs within the State of Idaho will be used only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. Accordingly, the undersigned states and verifies under oath the following:

1. I am an officer of Inland Cellular LLC (f/k/a Washington RSA No. 8 Limited Partnership), an eligible telecommunications carrier for receiving federal universal service support under section 214(e) of the Telecommunications Act of 1996 in the state of Idaho.
2. I am familiar with the Company's day-to-day operations in the state of Idaho and with the State's service quality standards and consumer protection rules as set forth in Commission Order No. 29841.
3. Inland Cellular LLC is complying with applicable service quality standards and consumer protection rules of the Federal Communications Commission and the Idaho Public Utilities Commission.
4. I certify to the Commission that the Company is able to remain functional in emergencies as set forth in Commission Order No. 29841 and in 47 C.F.R. § 54.201(a)(2).
5. I also certify that all federal universal service support funds received by Inland Cellular LLC during the current calendar year will be used in a manner consistent with section 254(e); that is, for the provision, maintenance, and upgrading of facilities and services for which the support is intended. The company will continue to comply for the period of January 1, 2015, through December 31, 2015, to be eligible for federal universal service fund support.
6. This verification and affidavit is provided to be the Idaho Public Utilities Commission to enable the IPUC to certify to the FCC that federal universal service support received by the eligible carriers in the state will be used in a manner consistent with Section 254(e) of the Telecommunications Act.

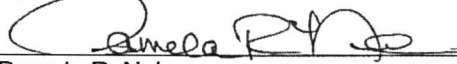
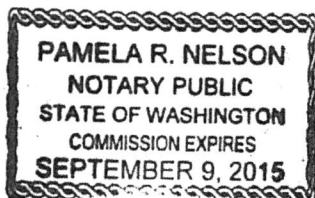


James K. Brooks, Treasurer/Controller

Name/Title

Date: June 30, 2014

SUBSCRIBED AND SWORN to before me this 30th day of June.



Pamela R. Nelson [Printed/Type]

NOTARY PUBLIC, in and for the State of Washington,
residing at Coe Elum

My Commission expires Sept 9, 2015

Ability to Remain Functional in Emergencies Certification
§54.313(a)(6)

ETCs must demonstrate that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to re-route traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

I, James K. Brooks, being of lawful age, state that I am Treasurer/Controller of Inland Cellular LLC (f/k/a Washington RSA No. 8 Limited Partnership)(SAC 479007) ("Company"), that I am authorized to execute this certification on behalf of the Company, and that the facts set forth in this certification are true to the best of my knowledge, information and belief.

On this basis, the Company certifies to the Idaho Public Utilities Commission, pursuant to 47 C.F.R. § 64.2009(e), that the Company's operating procedures are adequate to ensure compliance with the Customer Proprietary Network Information rules and regulations as set forth in 47 C.F.R. §§ 64.2001 through 64.2009 and the Cellular Communications and Internet Association's Consumer Protection Code for Wireless Service.

The Company is able to remain functional in emergencies as set forth in Commission Order No. 29841 and in 47 C.F.R. §54.201(a)(2), as such standards relate to functionality of wireless carriers in emergency situations. The Company further certifies that it maintains back-up power to ensure functionality without an external power source in the forms of auxiliary generators and batteries in its central office and auxiliary generators and/or batteries at its cellular tower locations. The Company also certifies that it constantly monitors traffic on its tower locations and that its switching capability is more than adequate to manage the traffic of its subscribers.

The Company further certifies, depending upon the circumstances of the outage, that it is able to re-route traffic around damaged facilities. All Inland Cellular subscribers are defaulted to roam on competitors should an Inland Cellular signal cannot be obtained.

I certify under penalty of perjury under the laws of the State of Idaho that the foregoing is true and correct.

Dated this 30th day of June, 2014 at Roslyn, Washington.

By: _____

James K. Brooks
Treasurer/Controller
Inland Cellular LLC

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Idaho

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

479007

Inland Cellular LLC (f/k/a Washington RSA No. 8 L.P.)

Study Area Code(s) (SAC)

ETC Name(s)

Inland Cellular Telephone Company

Inland Cellular

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

See list of Affiliated ETC's

Provide a list of all ETCs that are affiliated with the reporting ETC. Affiliation shall be determined in accordance with section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

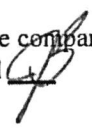
For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification

Section 1: All ETCs MUST COMPLETE SECTION 1- Initial Certification

I certify that the company listed above has certification procedures in place either to:

A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline or

B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

Section 2: All ETCs MUST COMPLETE SECTION 2—Annual Recertification

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
62	0	19

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

- A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial JB

D	E	F=D-E	G	H = (F+G)	I
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
1	1	0	0	0	0

AND/OR

In the space below, please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator or the Universal Service Administrative Company (USAC), and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

- B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on Community Action Partnership Association (CAPA) of Idaho. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JB

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
61	0	0

OR

- C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

Section 3: ALL ETCS MUST COMPLETE SECTION 3 – De-enroll percentage

What is the percentage of subscribers de-enrolled for this ETC?

M	N	O	P = N + O	Q = ((P + M) * 100)
Number of Subscribers Claimed on February FCC Form(s) 497 (From Column A)	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility (From Column H)	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility (From Column K)	Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled	Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497
62	0	0	0	0

Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4

Is the ETC Pre-Paid?

Yes ☐ No ☒ (A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers)

If yes, record the number of subscribers de-enrolled for non-usage by month in column S below.

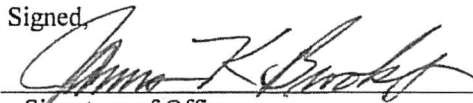
Non-Usage Results Applicable to Pre-Paid ETCS:

R	S
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Signed


Signature of Officer

Treasurer/Controller

Title of Officer

James K. Brooks

Person Completing this Certification Form

James K. Brooks

Printed Name of Officer

01/30/2014

Date

(509) 649-2500

Contact Phone Number

ETC Identification

SAC	ETC Name
472423	Inland Telephone Company
522423	Inland Telephone Company
479007	Inland Cellular LLC (f/k/a Washington RSA No. 8 L.P.)
529003	Inland Cellular LLC (f/k/a Washington ESA No. 8 L.P.)
529004	Inland Cellular LLC (f/k/a Eastern Sub-RSA L.P.)

Holding Company Name(s)

SAC	Holding Company Name
472423	Western Elite Incorporated Services
522423	Western Elite Incorporated Services
479007	Inland Cellular Telephone Company
529003	Inland Cellular Telephone Company
529004	Inland Cellular Telephone Company

DBA, Marketing or Other Branding Name(s)

SAC	Name
472423	Inland Networks
522423	Inland Networks
479007	Inland Cellular
529003	Inland Cellular
529004	Inland Cellular

[illegible]

INLAND CELLULAR

1332 G Street
Lewiston, ID 83501
(208) 798-0245; (800) 248-8822
Fax (208) 746-4904

LIFELINE HOUSEHOLD WORKSHEET

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). **Household expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income includes** salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

- 1) Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check NO if you do not have a spouse or partner) ☐ YES ☐ NO

> If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. **Only ONE** Lifeline discount is allowed per household.
> If you checked **NO**, please answer question #2.

- 2) Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

- | | | | |
|----|--|------------------------------|-----------------------------|
| A. | A parent | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B. | An adult son or daughter | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C. | Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc..) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D. | An adult roommate | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E. | Other _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

> If you checked **NO** for each statement above, you do not need to answer the remaining questions. **Please initial line B**, below, and sign and date the worksheet.
> If you checked **YES**, please answer question #3.

- 3) Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ☐ YES ☐ NO

> If you checked **NO**, then your address includes **more than one household**. **Please initial lines A and B below**, and sign and date the worksheet.
> If you checked **YES**, then your address includes **only one household**. You **may not** sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certification below and sign and date this worksheet which must accompany your Lifeline application.

- A. _____ I certify that I live at an address occupied by multiple households.
B. _____ I understand that violation of the one-per-household requirement is against the Federal Communications Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States Government.

SIGNATURE _____

DATE _____

INLAND CELLULAR

1332 G Street
Lewiston, ID 83501
(208) 798-0245; (800) 248-8822
Fax (208) 746-4904

CERTIFICATION BY CUSTOMER IN ORDER TO RECEIVE FEDERAL LIFELINE SUPPORT

STATE ELIGIBILITY (Subscriber signature not required)

I certify that I am qualified through the:

- ☐ Community Action Partnership Association of Idaho (CAPAI) (See email confirmation)
- ☐ Washington Department of Social and Health Services (DSHS) - Case # _____

INCOME ELIGIBILITY

- ☐ I certify that my household income is at or below 135% of the federal poverty guidelines and therefore I qualify for Lifeline Support under the federal income requirements and have provided proof of my qualifications.

FEDERAL ELIGIBILITY

I certify that I qualify for Lifeline Support and am currently participating in one or more of the programs listed that I have checked below.

- | | |
|--|---|
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8 | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)(Food Stamps) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> National School Lunch Program's free lunch program | |

TRIBAL LIFELINE ELIGIBILITY

Tribal Identification Number _____

I certify that I qualify for tribal Lifeline Support, as I reside on land that meets the Bureau of Indian Affairs definition of "reservation" (any federally recognized Indian tribe's reservation, Pueblo, or Colony including former reservations in Oklahoma, Alaska Native regions, and Indian Allotments)

AND participate in one of the following programs:

- | | |
|--|--|
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8 | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)(Food Stamps) | <input type="checkbox"/> Tribal Administered Temporary Assistance for Needy Families (TTANF) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> National School Lunch Program's free lunch program | <input type="checkbox"/> Food Distribution Program on Indian Reservations |
| <input type="checkbox"/> Head Start (Income eligible) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Income Eligibility (See Income Eligibility) |

SUBSCRIBER CERTIFICATION

It is understood that by participating in the Lifeline program, the support that I receive is not actual payment to me but a discount on my monthly billed service. Participating in Lifeline does not protect me from collection procedures if I do not pay my phone bill. I fully understand that this discount, as well as the criteria for participation in the Lifeline Program, may change and I may no longer qualify, or the amount of support may increase or decrease.

As the Certifying Subscriber, I certify that, (i) the service is for me and not a member of the household; (ii) I am not listed as a dependent on someone else's tax return; and, (iii) the service address is my primary residence. I further certify that the service that I receive from Inland Telephone Company is my main line of service and neither I nor anyone in my household receives Lifeline Support for any other telecommunications service. Further, I understand that Lifeline is a federal benefit program that provides a monthly discount on either home or mobile telephone service and **ONLY ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline Support from multiple telecommunications companies. I understand that violation of the one-per-household requirement will result in de-enrollment from the program and possible fines and imprisonment. As the Certifying Subscriber claiming income eligibility, I certify that the documentation I have provided accurately represents: (i) my household income and the number of persons in my household; or, (ii) proof of participation in an eligible program.

INLAND CELLULAR

1332 G Street
Lewiston, ID 83501
(208) 798-0245; (800) 248-8822
Fax (208) 746-4904

I certify that I will notify Inland Cellular within 30 days,(i) if for any reason I should no longer participate in any of the eligible programs or qualify by income, and or (ii) if I move from the address provided on this form. If my address listed above is temporary, I certify that I will verify my address to Inland Cellular every 90 days. I understand that if I fail to respond to an attempt to verify my address within 30 days, my Lifeline support may be terminated. I understand that if I fail to give notice as required, I am subject to penalties, including de-enrollment, being barred from the program and fines and imprisonment.

I understand that Lifeline Support is not transferrable and that I may not transfer my service to any individual, including another eligible Lifeline Support recipient. I further understand that if my service goes unused for 60 days, my service will be suspended subject to a 30 day period in which I may use the service or contact Inland Cellular to confirm that I want to continue receiving the service.

Further, I fully understand that in order to continue to receive this support, I must annually, or more often, certify my eligibility and provide proof of eligibility. I understand that my failure to timely re-certify will result in de-enrollment and termination of my Lifeline benefits.

I fully understand that the Lifeline Program is administered by the Universal Service Administration Company (USAC) under the guidance and authority of the Federal Communications Commission (FCC) and that all of the information that I have supplied pertaining to my eligibility will be shared with USAC and the FCC and I give my consent to do so.

I certify that the information provided on this form is true and correct to the best of my knowledge under penalty of perjury and if I have provided any misleading statements in order to receive support, I will be liable for any support received, my service may be discontinued, it may result in de-enrollment and my being barred from the program and I would be subject to state and federal fines and imprisonment.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT (PRINTED) _____

SOCIAL SECURITY NUMBER XXX-XX-_____ DATE OF BIRTH _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

TELEPHONE NUMBER _____ NUMBER OF PERSONS IN FAMILY OR HOUSEHOLD _____

////////// BELOW - FOR OFFICIAL USE ONLY //////////

Inland Cellular - Customers serving area

☐

EASTERN SUB-RSA, WA

☐

IDAHO RSA 1-B2

☐

WASHINGTON RSA NO. 8, WA

☐

IDAHO RSA 2-B2

SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE _____

PRINTED NAME OF CUSTOMER SERVICE REPRESENTATIVE _____

See Federal Poverty Guideline for a list of acceptable documentation for income eligibility.

Inland Cellular will keep the information contained in this form confidential, except as required by federal or state law. ALL INFORMATION COMPLETED ON THIS FORM IS SUBJECT TO STATE AND FEDERAL PERJURY PENALTIES.